

Name
in
Full

CERTIFICATE

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

John The Baptist.
Deer Creek Harford

Date

of death

1906

Month

Dec.

Day

24

Age

93

Years

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Harford Co.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information

Chas. Hutton

How related
to deceased

Nephew.

CAUSES OF DEATH

Primary

How long

Immediate

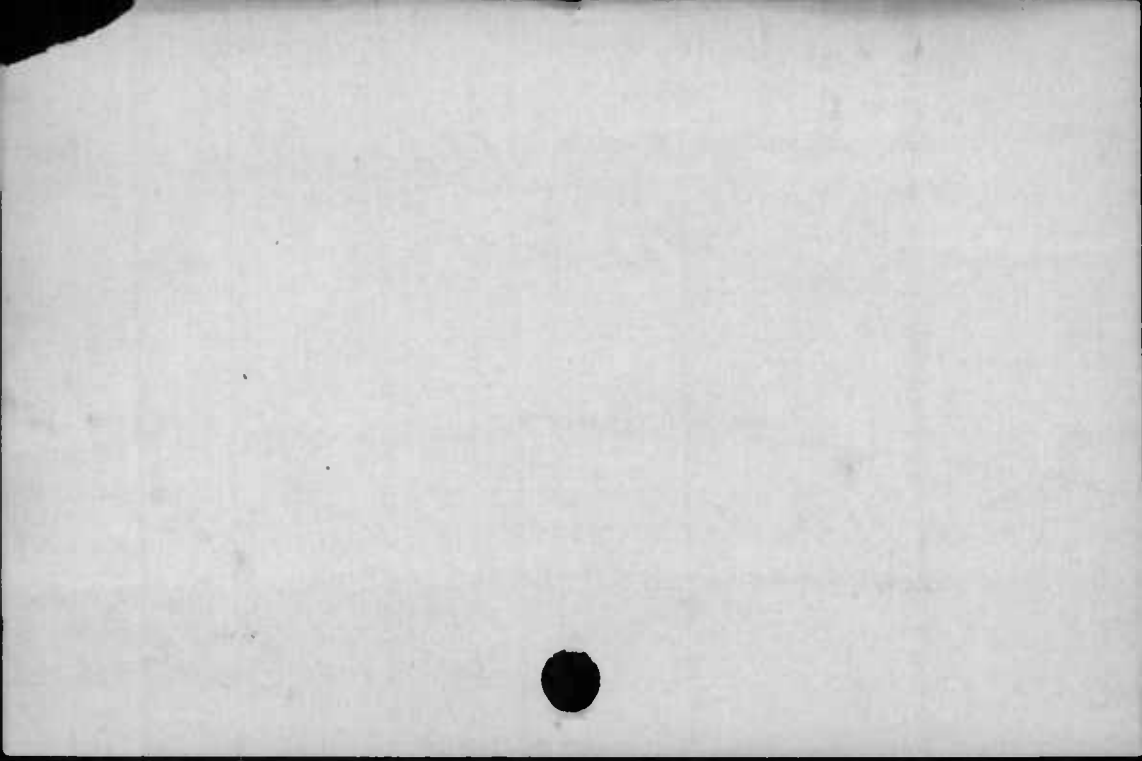
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Tobias
Castleton, Md.

Accident or Suicide?



Name
in
Full

Milkie Bourner

CERTIFICATE OF DEATH

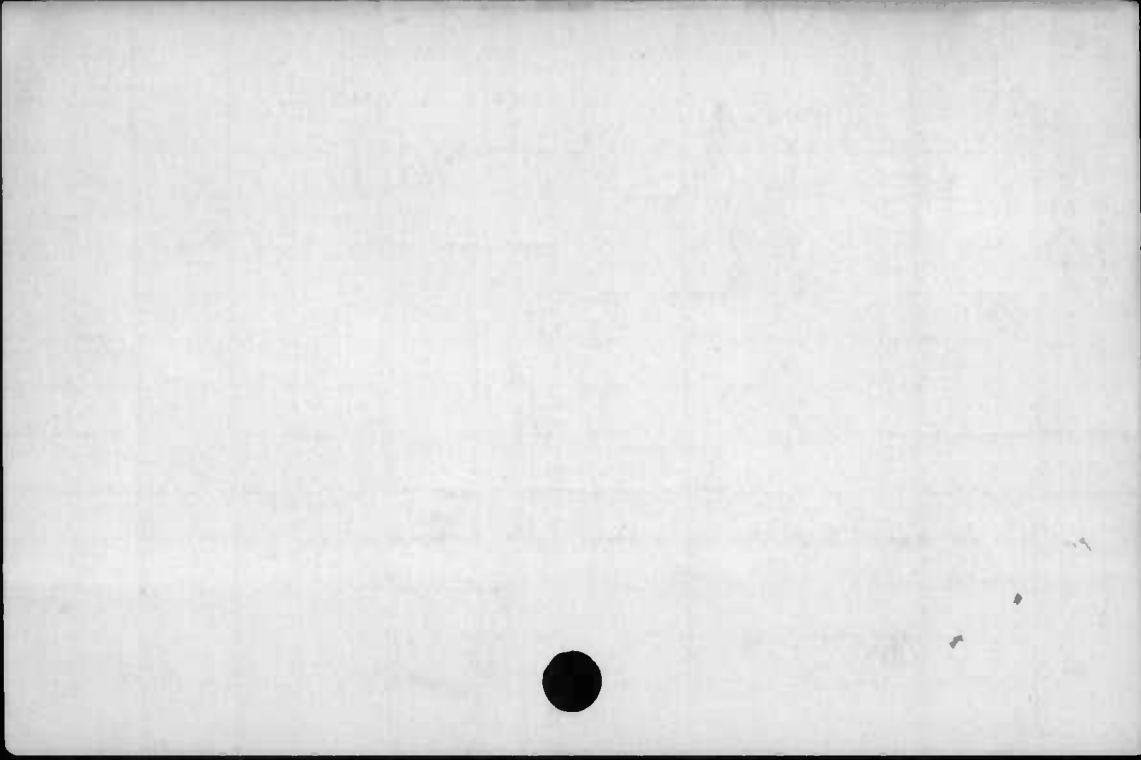
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harre de Grace		County Harford		MARYLAND	
Date of death	1906	Month Dec	Day 9	Age Years	77	Months	5
Sex	Female		Color or Race	Black		Birth- place	Harford Co.
Occupation	House keeper			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	R. Bourner			
Father's Name	—				Father's Birthplace		
Mother's Maiden Name	—				Mother's Birthplace		
Name of person giving In formation	Frank Harvey				How related to deceased		
				Son-in-law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mental derangement	How long	2 yrs
Immediate	Convulsions & uricemic toxin	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. B. Smith M.D.
		Address	Ward 4 Harford
Accident or Suicide?			



Name
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Full

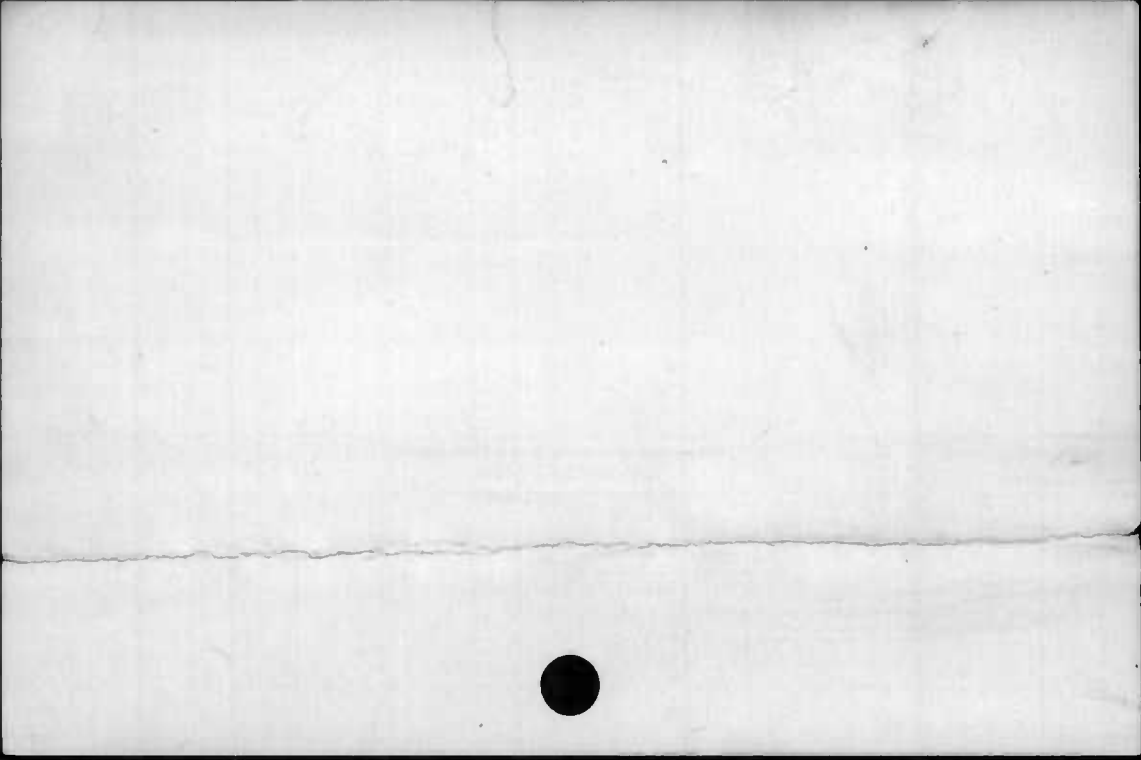
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Singer</i> Town			<i>Harford</i> County			MARYLAND		
Date of death <i>1906</i>		Month <i>Dec</i>	Day <i>9</i>	Age		Years <i>8</i>	Months <i>8</i>	Days <i>8</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Singer</i>				
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name <i>Harry L. Brown</i>				Father's Birthplace <i>Harford Co., Md.</i>				
Mother's Maiden Name <i>Rosa E. Bodley</i>				Mother's Birthplace <i>Worcester Co. Md.</i>				
Name of person giving information <i>Harry L. Brown</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Meningitis</i>	How long <i>2 weeks</i>
	Immediate <i>Exhaustion</i>	How long
	Are the name, age, sex, color, date and place correctly given above?	
	Signature of Physician <i>Charles Bagley</i> Address <i>Bagley Md.</i>	
Accident or Suicide? <i>No</i>		



Name
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CERTIFICATE OF DEATH

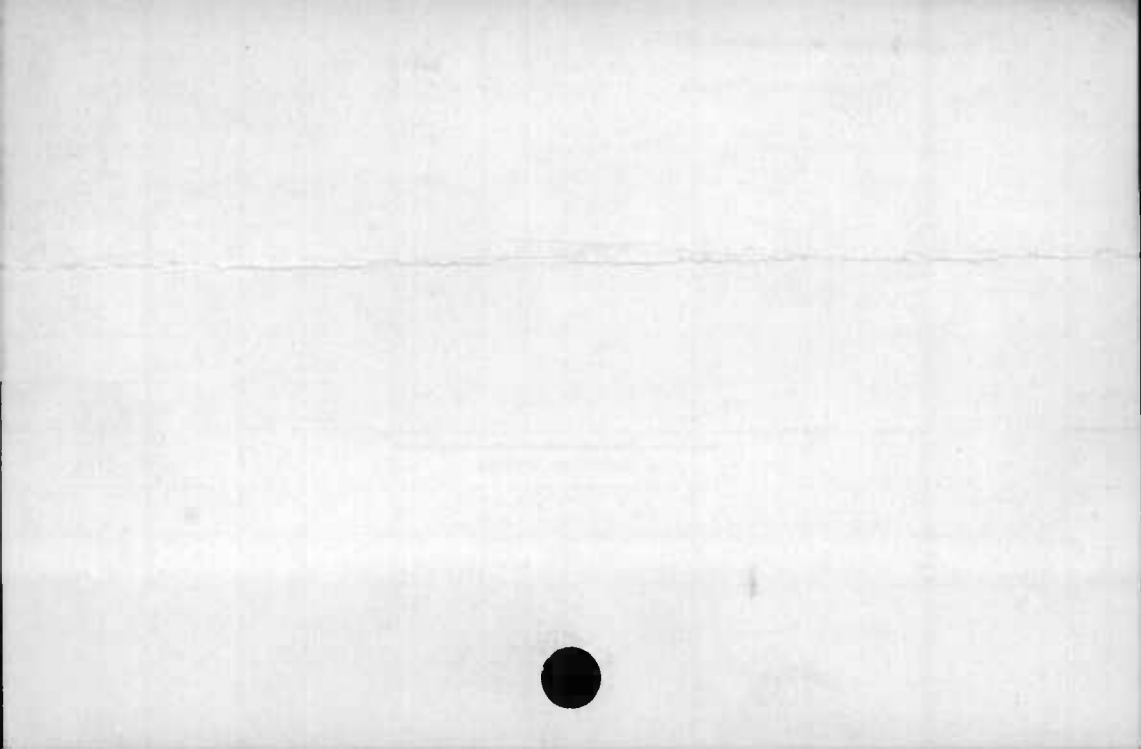
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Age	
1906		Dec		11		Years	
Sex		Color or Race		Birth-place		Months	
Female		colored		Bagley		2	
Occupation		Where Residing if not at place of death		Father's Birthplace		Mother's Birthplace	
Married, Single or Widowed,		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
X		Phoebe Thaddeus Brown		Ind		Ind	
Father's Name		Mother's Maiden Name		How related to deceased		Father & mother	
Thaddeus Brown		Phoebe Bond					
Name of person giving information							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Accident or Suicide?	Address

Primary: Whooping Cough 1 month
Immediate: Convulsions 7 days
Signature of Physician: Charles Bagley M.D.
Address: Bagley, Ind.
Are the name, age, sex, color, date and place correctly given above? Yes
Accident or Suicide? X



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Harmon de Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death	1906	Month <i>Dec</i>	Day <i>5</i>	Age	about 55	Years	Months
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth- place	<i>Ireland</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death			<i>Home</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>[scribble]</i>					Father's Birthplace	<i>[scribble]</i>
Mother's Maiden Name	<i>[scribble]</i>					Mother's Birthplace	<i>[scribble]</i>
Name of person giving information	<i>James J. Gibson sr</i>					How related to deceased	<i>None</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accidental drowning</i>	How long	<i>[scribble]</i>
Immediate	<i>or</i>	How long	<i>[scribble]</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Michael J. Fahy Coroner</i>
		Address	<i>Harmon de Grace</i>
Accident or Suicide?	<i>Accident</i>		<i>Maryland</i>



Name
in
Full

Marion Agnes Casey

CERTIFICATE OF DEATH

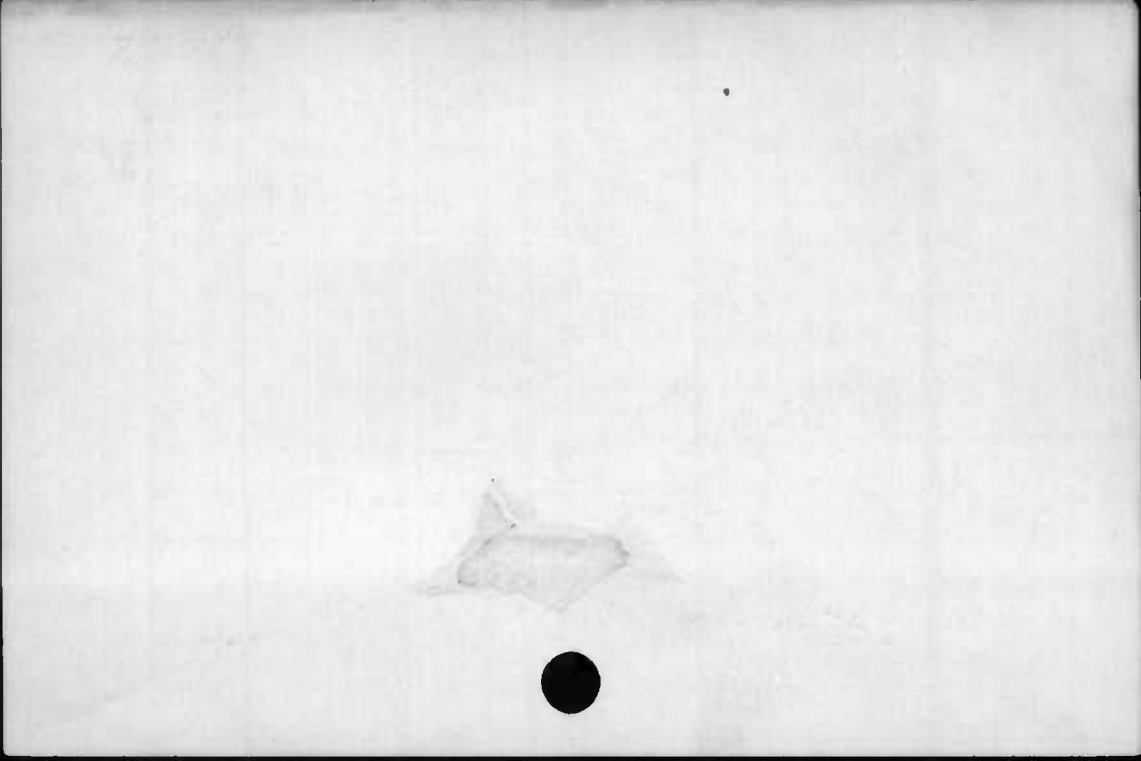
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Havre de Grace		County Harford		MARYLAND	
Date of death	1906	Month Dec	Day 3	Age	18	Years	Months 6
Sex	Female		Color or Race	white -		Birth- place	red
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving in formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	2 or 3 mo
Immediate	Pulmonary tuberculosis	How long	2 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Address		Address	
Accident or Suicide?		Address	



Name
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Geo. Finney

CERTIFICATE OF DEATH

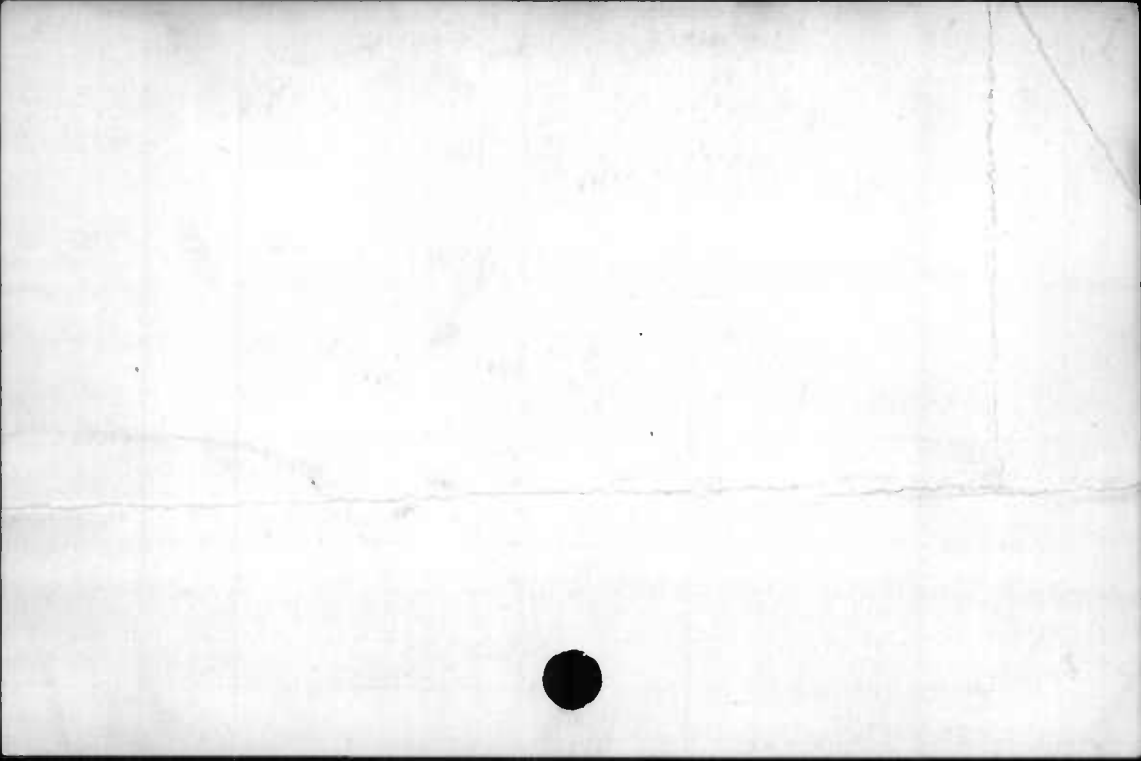
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Churchville</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1906 Dec</i> <small>Month</small>		<i>17</i> <small>Day</small>	<i>76</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>28</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Churchville Md</i>			
Occupation <i>Judge Orphans Court, Bel Air Md</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Louisa L Finney</i>				
Father's Name <i>William Finney</i>	Father's Birthplace <input checked="" type="checkbox"/>				
Mother's Maiden Name <i>Margaret Miller Finney</i>	Mother's Birthplace				
Name of person giving information <i>W W Finney</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>199</i>	How long
Immediate <i>Pericardial Heart</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. L. Roberts</i>	Address <i>Churchville</i>
Accident or Suicide?		



Name
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CERTIFICATE OF DEATH

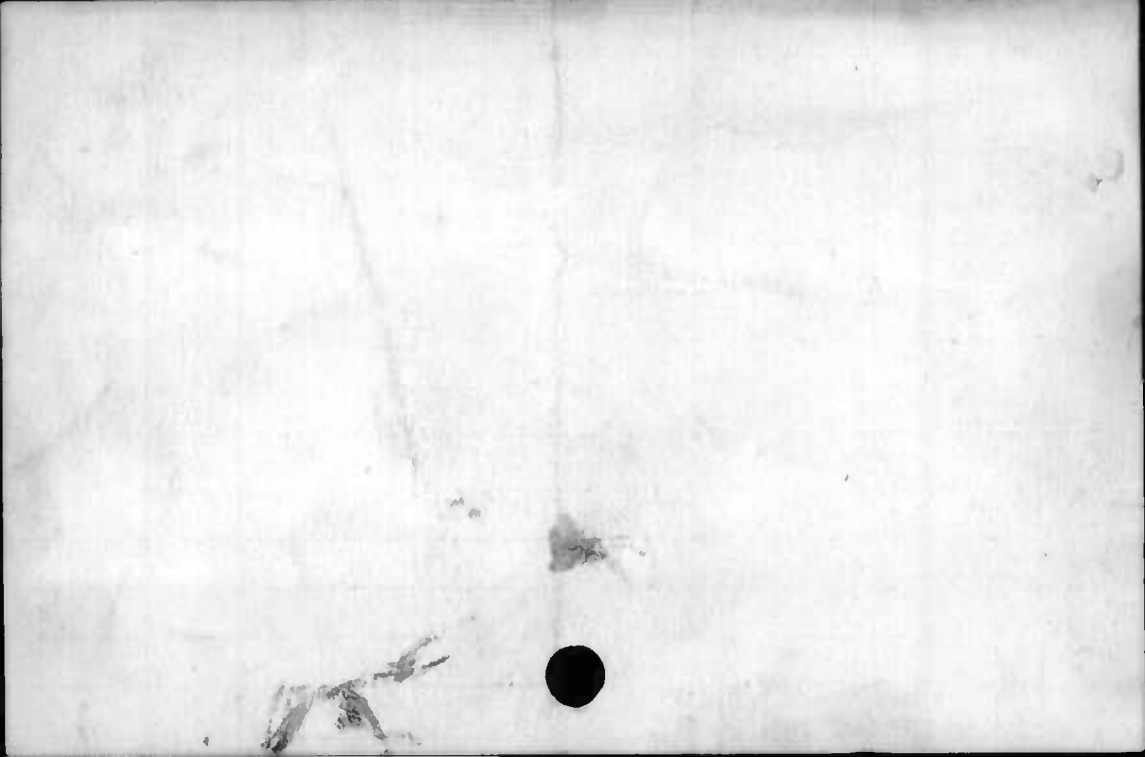
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Dec	12	15			
Sex	Male	Color or Race		Colored	Birth-place		
Occupation		Where Residing if not at place of death		Hogford Co			
Framford							
Married; Single or Widowed		Name of Wife or Husband		X			
Father's Name		Elias Flemming		Father's Birthplace		Hogford	
Mother's Maiden Name		Mallie Bond		Mother's Birthplace		"	
Name of person giving information		Chas Joe Flemming		How related to deceased		Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Morbus	How long	3 days
Immediate	Exhaustion	How long	1 1/2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Chas. Bagley	
Address		Bagley Md.	
Accident or Suicide?			



Name
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TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Harrods Grace* ^{Town} *Harford* ^{County}

Date of death *1906* ^{Month} *Dec.* ^{Day} *16* ^{Years} *74* ^{Months} *-* ^{Days} *-*

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Home work* Where Residing If not at place of death

Married, Single or Widowed *Widow* Name of ~~Wife or~~ Husband *Henry Gier*

Father's Name *-* Father's Birthplace *-*

Mother's Maiden Name *-* Mother's Birthplace *-*

Name of person giving information *Clinton Bauer* How related to deceased *Grandson*

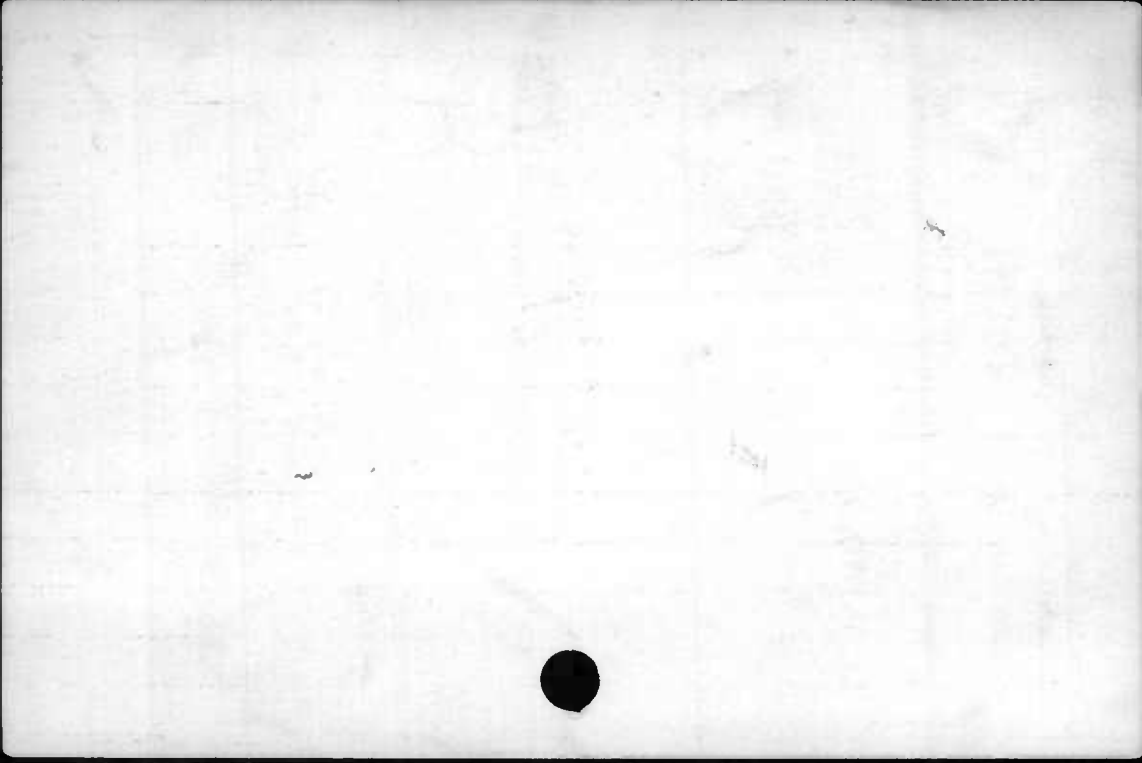
CAUSES OF DEATH

Primary *Paralysis* *93* How long *2 yrs*
Immediate *Pneumonia* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *R W Smith*
Address *Harrods Grace Md*

Accident or Suicide?



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shilford</i> Town		<i>Norford</i> County		MARYLAND	
Date of death	<i>1st</i> <i>Dec.</i> Month	Day	Age <i>24</i> Years	Months <i>1</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Norford Md.</i>		
Occupation <i>Laborer</i>	Where Residing If not at place of death <i>Shilford Md.</i>				
Married Single or Widowed	Name of Wife or Husband				
Father's Name <i>John N. Hall</i>	Father's Birthplace <i>Douglas Md</i>				
Mother's Maiden Name	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>May P. Hall.</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

How long

How long

PHYSICIAN
OR CORONER

Bury at Leeders

Monday

Name
in
Full

Indie Stallingsworth

CERTIFICATE OF DEATH

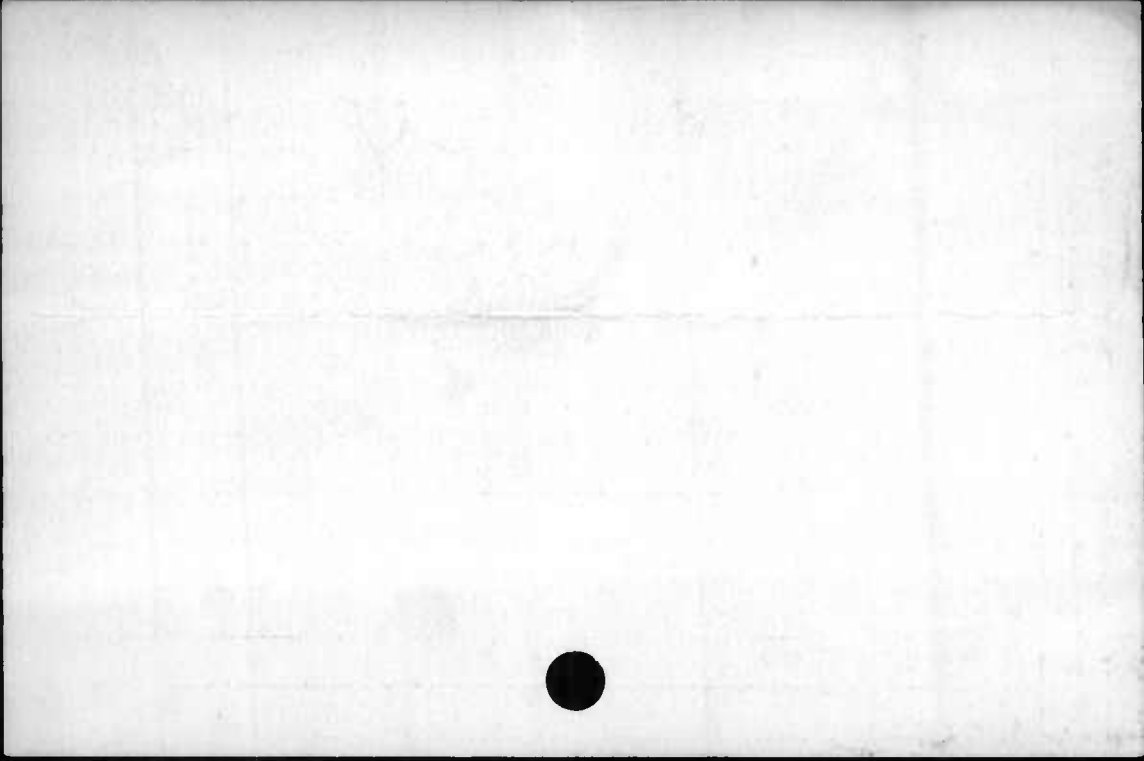
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fallston</u> <small>Town</small>			<u>Hopkirk</u> <small>County</small>			MARYLAND		
Date <u>Dec</u> of death 190 <u>6</u>	Month <u>Dec</u>	Day <u>11</u>	Age <u>70</u>	Years <u>6</u>	Months <u>6</u>	Days <u>—</u>		
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>				
Married, Single or Widowed <u>Single</u>			Occupation <u>Homemaker</u>					
Name of Wife or Husband <u>—</u>								
Father's Name <u>Indie Stallingsworth</u>				Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Rachel Benson</u>				Mother's Birthplace <u>"</u>				
Name of person giving information <u>Mrs Eliza Stallingsworth</u>				How related to deceased <u>Sister</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Had first brain stroke several months ago</u>	How long <u>several months</u>
Immediate <u>Apoplexy</u>	How long <u>sudden</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. Keyser M.D.</u>
	Address <u>Franklinville Md.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

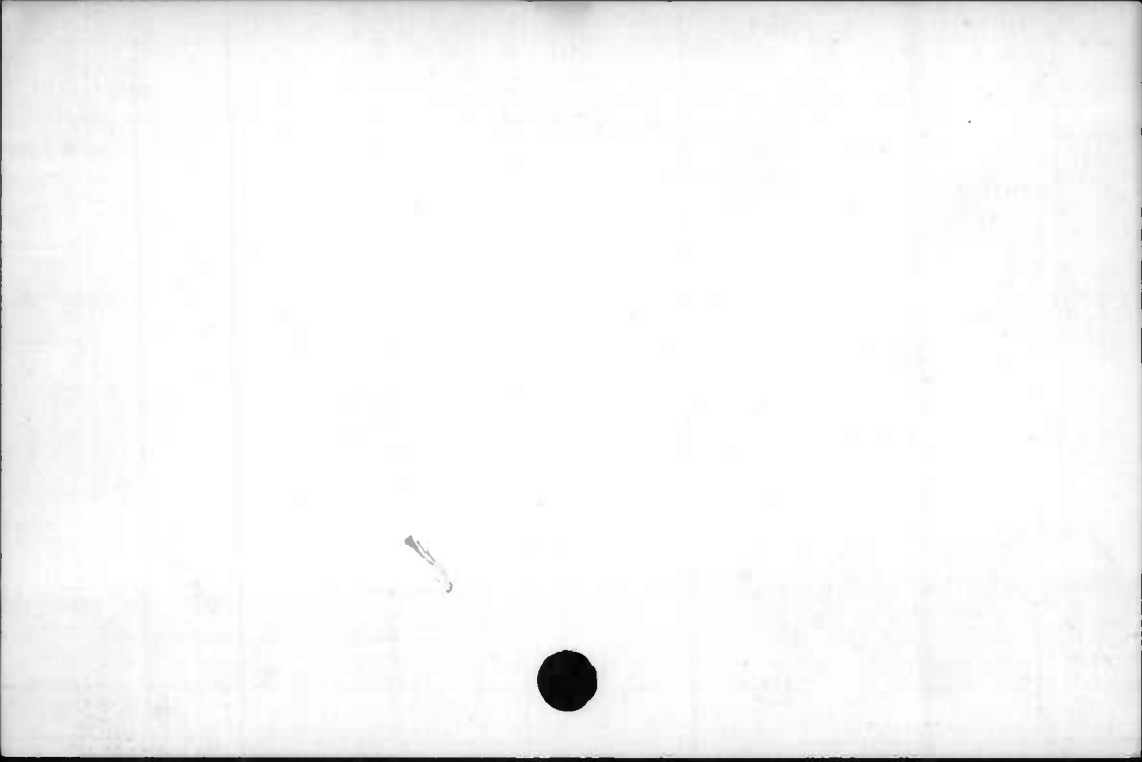
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bel Air</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death	<u>1906</u> ^{Year}	<u>Dec</u> ^{Month}	<u>9</u> ^{Day}	<u>30</u> ^{Years}	<u>—</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind.</u>
Occupation	<u>Millinery</u>		Where Residing if not at place of death <u>Bel Air Ind.</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>John H. Heuer</u>		
Father's Name	<u>John Mackley</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Katharine Dyer</u>			Mother's Birthplace	<u>Ind.</u>
Name of person giving information	<u>J. H. Heuer</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER.

Primary	<u>probably heart Clot</u>	How long	<u>very suddenly</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>William V. Archer</u>
		Address	<u>Bel Air</u> <u>Ind.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Arthur F. Haymer* Town *Watervale* County *Hargard* MARYLAND

Died at *Watervale*

Date of death *1906 Dec 20* Age *7* Months *7* Days *7*

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *—* Where Residing if not at place of death *Watervale*

~~Married~~ Single or Widowed Name of Wife or Husband *—*

Father's Name *George Haymer* Father's Birthplace *Ind.*

Mother's Maiden Name *Hattie Callahan* Mother's Birthplace *Ind.*

Name of person giving information *George Haymer* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bronchitis* How long *2 weeks -*

Immediate *Spasmodic croup -* How long *few hours -*

Are the name, age, sex, color, date and place correctly given above? *Yes -*

Signature of Physician *A. F. Bent Bibber*

Address *1341 1st St. Md.*

Accident or Suicide? *No*

$$7 = 2 - 5.$$

Hickory P.O. Burial Place.

Name

in
Full

CERTIFICATE OF DEATH

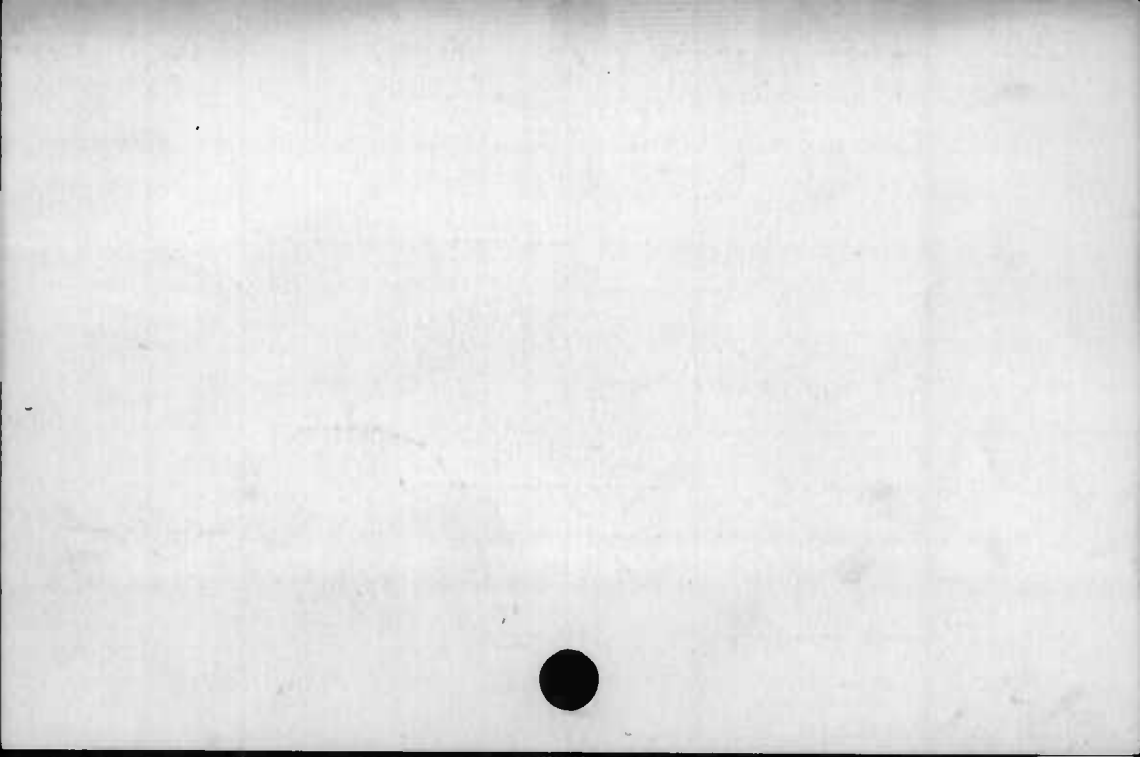
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Michaelsville</i>		Town <i>Michaelsville</i>		County <i>Haywood</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>25</i>	Age <i>4</i>	Years <i>4</i>	Months <i>10</i>	Days <i>23</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Michaelsville</i>				
Occupation			Where Residing, if not at place of death				
Married, Single or Widowed			Nurse, Wife or Husband				
Father's Name <i>Frank L. Kimble</i>				Father's Birthplace <i>Ma</i>			
Mother's Maiden Name <i>Sarah R. Ississin</i>				Mother's Birthplace <i>11</i>			
Name of person giving information <i>Frank L. Kimble</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningeal Cerebral</i>	How long <i>48</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. R. H. R. H.</i>
	Address <i>Perryman</i>
Accident or Suicide?	



Name
in
Full

Frederic Koch

CERTIFICATE OF DEATH

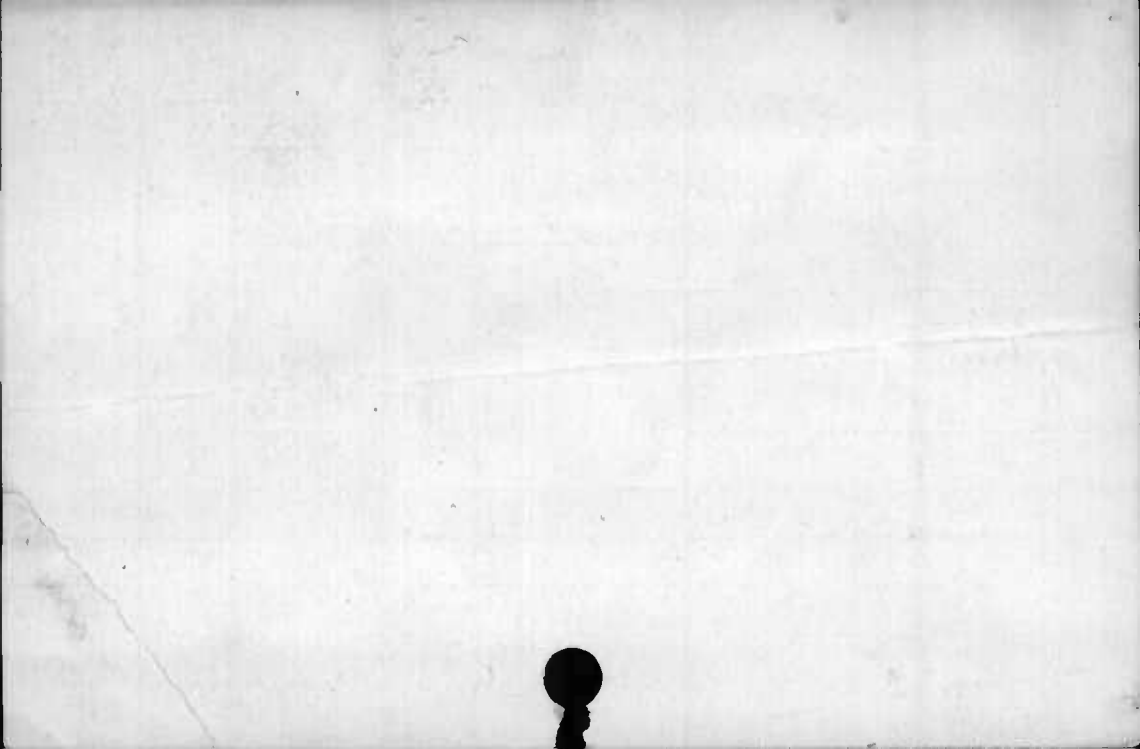
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Paree</i> Town		<i>Hanford</i> County		MARYLAND	
Date of death <i>1906</i> Month <i>December</i> Day <i>13th</i>		Age <i>54</i> Years		Months	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>At place of death</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Florence Koch</i>			
Father's Name <i>dont know</i>		Father's Birthplace <i>German</i>			
Mother's Maiden Name <i>Margaret (dont know last name)</i>		Mother's Birthplace <i>German</i>			
Name of person giving information <i>Florence Koch</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>27</i>	<i>dont know</i>
Immediate	<i>Pulmonary Tuberculosis</i>	How long	<i>dot know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Vallie Hawkins MD</i>	
		Address <i>Truon Group - P9</i>	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

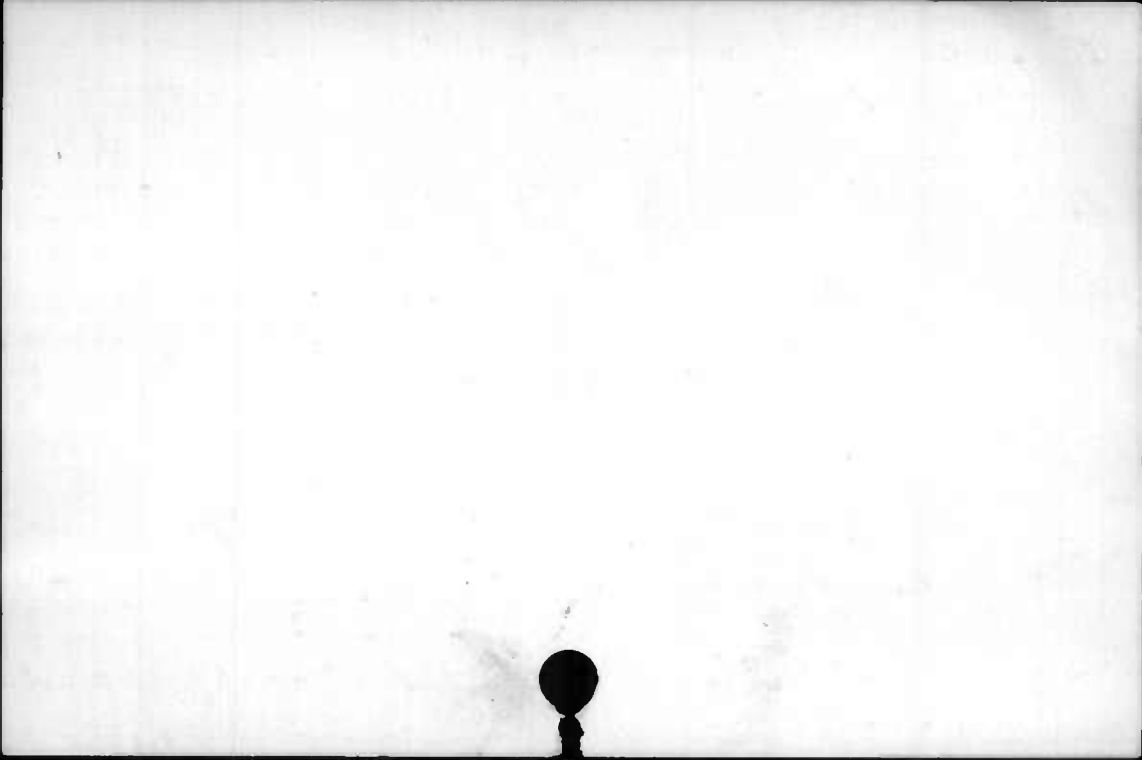
TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Charlotte A Lynch</i>		Town <i>Garrettsville</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Died at <i>Garrettsville</i>		Month <i>Dec</i>		Day <i>30</i>		Age <i>65</i>	
Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>30</i>		Age <i>65</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Pennsylvania</i>		Months <i>10</i>	
Occupation <i>Housekeeping</i>		Where Residing if not at place of death <i>—</i>		Days <i>27</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William H Lynch</i>		Father's Name <i>William L Barber</i>		Father's Birthplace <i>England</i>	
Mother's Maiden Name <i>Johadan Huff</i>				Mother's Birthplace <i>"</i>			
Name of person giving Information <i>—</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic nephritis</i>	How long	<i>—</i>
Immediate	<i>Uremia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. F. Bradley M.D.</i>
		Address	<i>Garrettsville Md.</i>
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

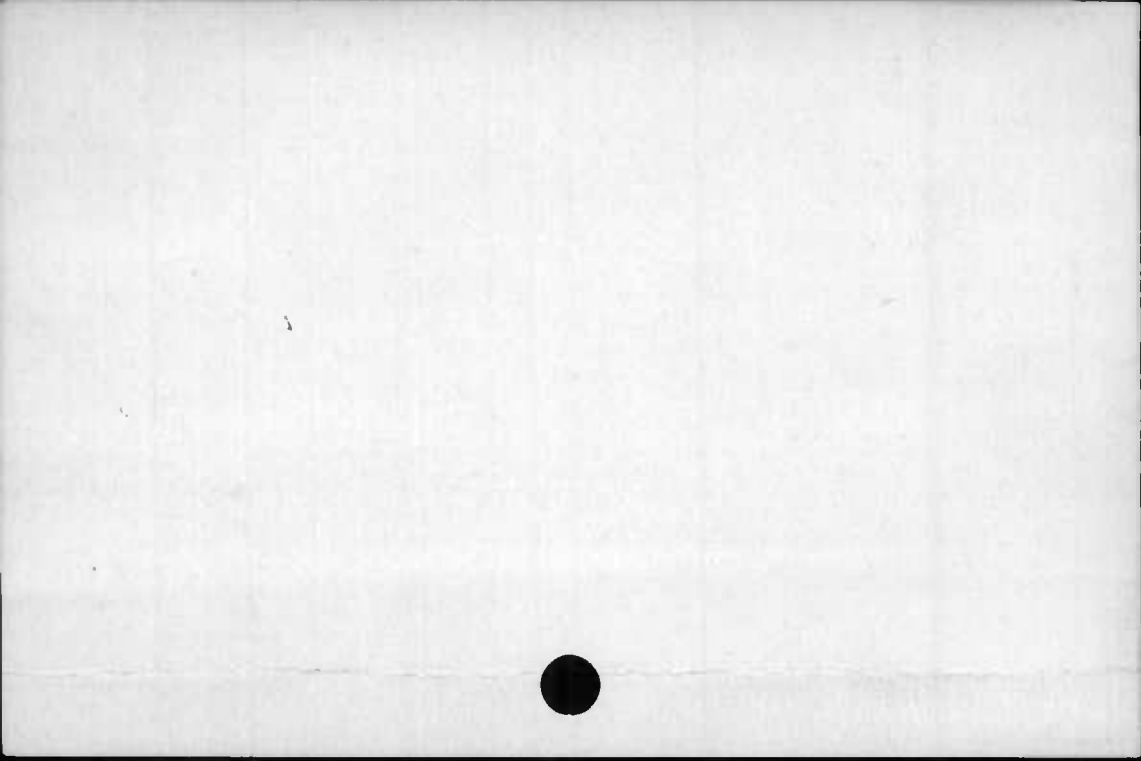
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jacob F. Mitchell		Town Scarf		County Warford		MARYLAND	
Died at		Date of death		Age		Months	
		1906 12 11		67		1 8	
Sex Male		Color or Race White		Birth-place Md.			
Occupation Miller		Where Residing if not at place of death Md.					
Married, Single or Widowed Single		Name of Wife or Husband Isaac Mitchell		Father's Birthplace Md.			
Mother's Maiden Name Elizabeth Brown		Name of person giving information Noble L. Mitchell		Mother's Birthplace Not Known		How related to deceased Bro.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Accident	How long 9 1/2 months
Immediate Paralysis	How long sudden
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Geo. W. Davis
	Address Pleasantville Md
Accident or Suicide?	



Name
in
Full

Mrs Emma Parsons

CERTIFICATE OF DEATH

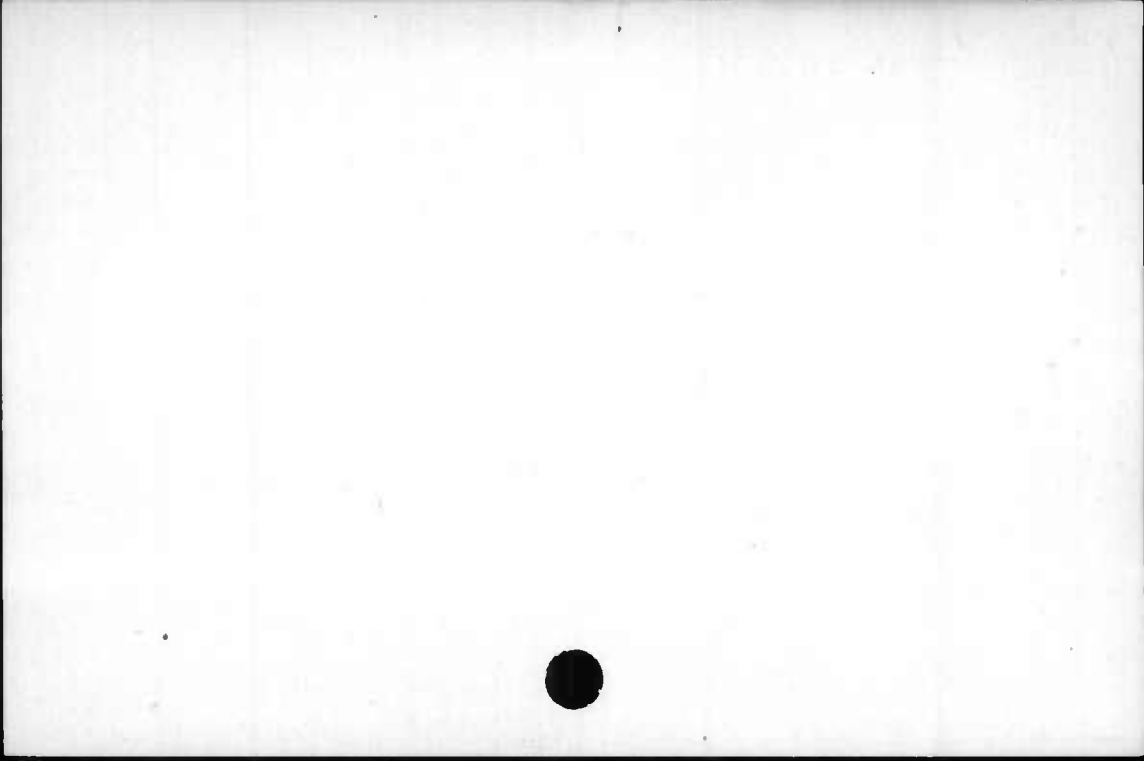
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brynmor</i>		Town		<i>Harpur</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>12</i>		Day <i>9</i>		Age <i>29</i>		Years <i>29</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Balt. Co.</i>		Months		Days	
Occupation <i>Housewife</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>J. N. Parsons</i>							
Father's Name <i>Henry Palmer</i>		Father's Birthplace <i>Balt Co</i>							
Mother's Maiden Name <i>Barbara Palmer</i>		Mother's Birthplace <i>" "</i>							
Name of person giving information <i>Wm Parsons</i>		How related to deceased <i>Father in Law</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>3 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. R. Smithson</i>
	Address <i>Forest Hill End.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John W. Roberts*

Died at *Cardiff* ^{Town} *Hopford* ^{County}

Date of death *1906* ^{Month} *12* ^{Day} *7* ^{Years} *55* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Wales*

Occupation *miner* Where Residing if not at place of death *—*

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband *—*

Father's Name *Wm Roberts* Father's Birthplace *Wales*

Mother's Maiden Name *Margaret Johns* Mother's Birthplace *Wales*

Name of parson giving information *W. W. Roberts* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Canary mine* How long *one year*

Immediate *—* How long *—*

Ara tha nama, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. W. Arthur*

Address *Cardiff Md*

Accident or Suicide? *No*

Dec. 9-06

Slate Ridge

Name
in
Full

William T. Sills

CERTIFICATE OF DEATH

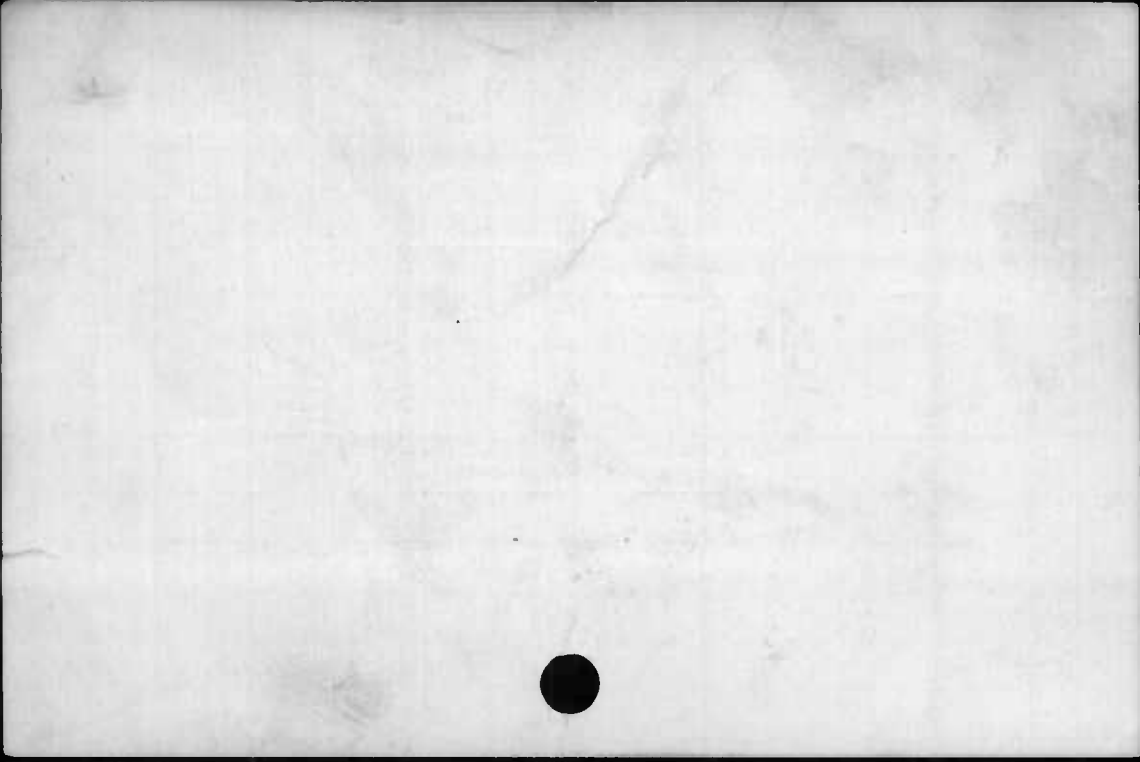
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harre de Grace		County Harford		MARYLAND	
Date of death	1906	Month Dec.	Day 4	Age	Years 66	Months	Days
Sex	Male		Color or Race	White		Birth- place	Harford Co.
Occupation	Engineer			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Louise Gordon			
Father's Name	John Sills					Father's Birthplace	Pennsler Co. Pa.
Mother's Maiden Name	Wilhelmine Hamby					Mother's Birthplace	-
Name of person giving In formation	John Sills					How related to deceased	Son

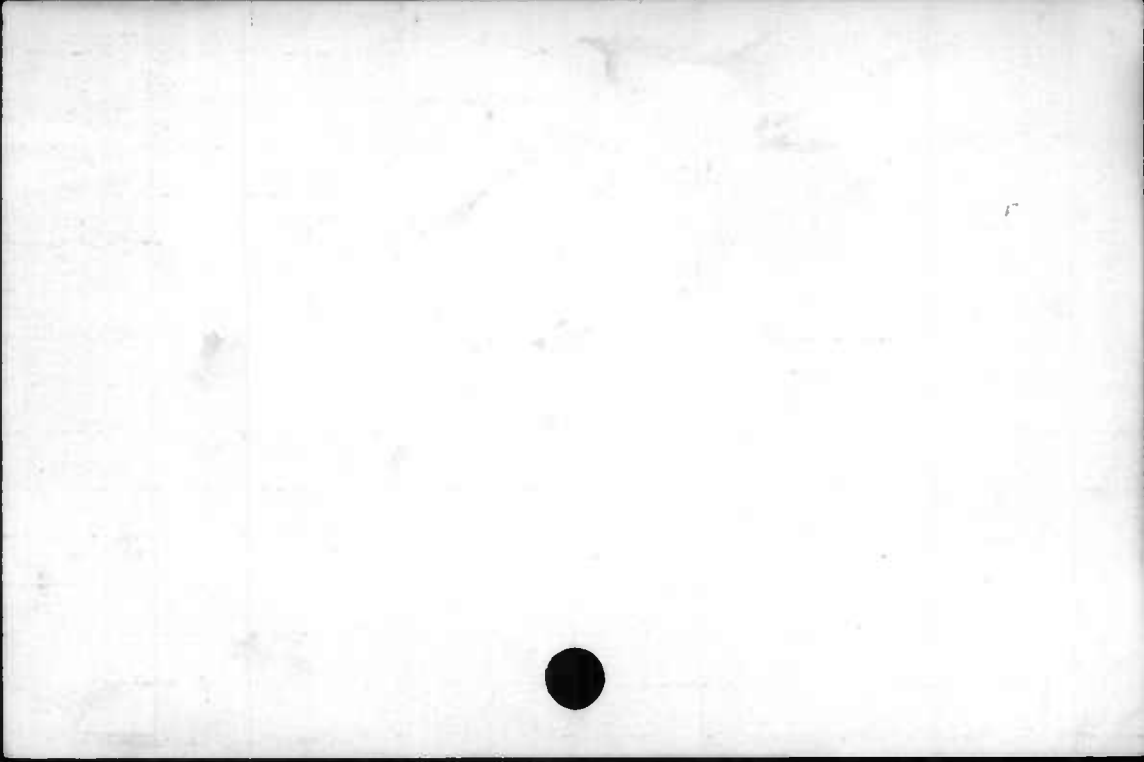
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	11 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. H. Smith M.D.
		Address	Harre de Grace Md
Accident or Suicide?			



Name in Full		Town		County		CERTIFICATE OF DEATH	
		Died at				MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND		Date of death		Month	Day	Age	Months
		1906 Dec		4	1	7	Days
		Sex		Color or Race		Birth-place	
		Female		White			
		Occupation		Where Residing if not at place of death			
		None					
		Married, Single or Widowed		Name of Wife or Husband			
		Single		None			
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information		How related to deceased			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		How long			
		Acute double pneumonia		1 1/2 days			
		Immediate		How long			
		Heart failure					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
		Yes		J. Melan Dunnick		Stewartstown, Pa	
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

Margaret M Taylor

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harre de Grace</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec.</i>	Day <i>30</i>	Age <i>31</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harre de Grace</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Benjman Taylor</i>				
Father's Name <i>J. Thorpy</i>				Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>M. - - -</i>				Mother's Birthplace	
Name of person giving information <i>Benjman Taylor</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>About 2 yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. W. Unsworth</i>
	Address <i>Harre de Grace</i>
Accident or Suicide?	<i>M. J.</i>



Name
in
Full

Hannah Catherine Van Bibber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>1341 Air</u>		Town <u>Harford</u>		County		MARYLAND	
Date of death <u>1906 Dec</u>	Month	Day <u>14</u>	Age <u>92</u>	Years <u>91</u>	Months <u>9</u>	Days <u>17</u>	
Sex <u>female</u>	Color or Race <u>White</u>		Birthplace <u>Harford Co Md</u>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <u>widow</u>		Name of Wife or Husband <u>Geo L Van Bibber</u>					
Father's Name <u>Stevenson Archer</u>				Father's Birthplace <u>Harford Co Md</u>			
Mother's Maiden Name <u>Pamelia D Hays</u>				Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Geo L. Van Bibber</u>				How related to deceased <u>son</u>			

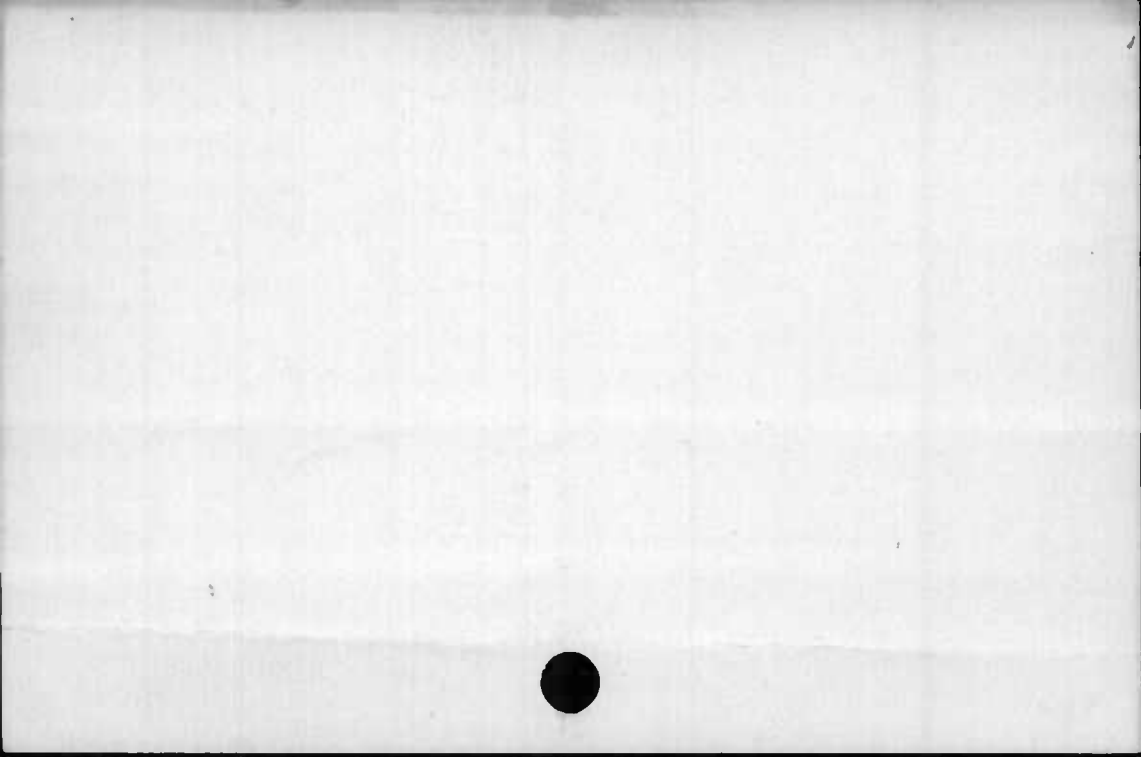
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Old age</u>	How long <u>154</u>
Immediate <u>Worn-out heart</u>	How long <u>five days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. F. Van Bibber, M.D.</u>
	Address <u>1341 Air</u>
Accident or Suicide? <u>No</u>	<u>Md.</u>



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Upper X Roads</i>		County <i>Warford</i>		MARYLAND
	Date of death	1906	Month <i>Dec</i>	Day <i>28</i>	Age <i>84</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>	
	Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Md.</i>			
	Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Thomas Walker</i>			
	Father's Name <i>Isaac Pyle</i>	Father's Birthplace <i>Md.</i>			
	Mother's Maiden Name <i>Elizabeth Thomas</i>	Mother's Birthplace <i>Pa.</i>			
Name of person giving information <i>Lydia S Pyle</i>	How related to deceased <i>Sister</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		<i>failing for</i>
	Immediate <i>Old Age</i>		How long		<i>one year</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. G. W. Davis</i>		
			Address <i>Pleasantville Md.</i>		
Accident or Suicide?		<i>Per Dr. G. W.</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Street</u> Town		<u>Hager</u> County		MARYLAND	
Date of death	1906	Month	Dec	Day	1
Age		Years		Months	9
Sex	Male	Color or Race	White	Birth-place	Street
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Robert Walter		Father's Birthplace	Cherry Hill Ind.
Mother's Maiden Name		Eva Thompson		Mother's Birthplace	Mill Green and Ind.
Name of person giving information		Mrs. Walter		How related to deceased	Grandmother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tetanus</u>	How long	<u>2 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<u>E. J. Harrows</u>	
		Address	
		<u>Street Ind.</u>	
Accident or Suicide?			

DEC. 3-06

Highland Cemetery